

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	UNIT/LS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	191	335	5/4/01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

\_\_\_\_\_ Rejected N \_\_\_\_\_ Non-elected  
 \_\_\_\_\_ Allowed I \_\_\_\_\_ Interference  
 (Through numerals) \_\_\_\_\_ Canceled A \_\_\_\_\_ Appeal  
 \_\_\_\_\_ Restricted O \_\_\_\_\_ Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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